



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MONROE HOSPITAL

City of Hospital: Prime Healthcare Service dba Monroe Hospital

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Steven Reynolds

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Medicare Provider Number: 150183

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32936082
Outpatient Patient Service Revenue	\$84731734
Total Gross Patient Service Revenue	\$117667816

2. Deductions From Revenue

Contractual Allowance	\$89497030
Other Deductions	\$0
Total Deductions	\$89497030

3. Total Operating Revenue

Net Patient Service Revenue	\$28170785
Other Operating Revenue	\$4525487
Total Operating Revenue	\$32696272

4. Operating Expenses

Salaries and Wages	\$11259592	Employee Benefits	\$3821955
Depreciation and Amortization	\$2419615	Interest Expense	\$692287
Bad Debt	\$3733992	Other Expenses	\$13045744
Total Operating Expenses	\$34973185		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6010904	Total Assets	\$15105465
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$50577326

Total Net Gains	\$-6010904
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$55245174	\$45404933	\$9840241
Medicaid	\$22196589	\$18311880	\$3884709
Other Government	\$1399757	\$1023752	\$376005
Other State	\$62864	\$35768	\$27096
Other Payers	\$38763432	\$24720697	\$14042735
Total	\$117667816	\$89497030	\$28170786

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$75294	\$-75294
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	292
Number of Hospital Patients Educated	31151
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$131439.81
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$4514.12	\$28260	
HCI Payments	\$0		
Subtotal	\$4514.12	\$28260	\$-23745.88
Medicaid Shortfalls	\$3857506	\$4772266.72	
Subtotal	\$3862020.12	\$4800526.72	\$-938506.6
DSH Payments	\$0		
Subtotal	\$3862020.12	\$4800526.72	\$-938506.6
Medicare Shortfalls	\$8985545	\$11877712.5	
Other Government Programs	\$292168	\$300947.65	
Total	\$13139733.12	\$16979186.87	\$-3839453.75

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2483999	\$-2483999
Other Allocations	\$0	\$0	\$0

Comments

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